

CHAPTER 22. FIRST AID PROGRAM

2200. GENERAL. This chapter establishes the requirements for a Federal Aviation Administration (FAA) first aid program. The purpose is to ensure consistency of procedures to make certain that all FAA employees will receive prompt and appropriate emergency medical services if a job-related injury or illness occurs in FAA administrative or field settings. First aid may consist of attention to minor injuries, which require no further treatment or emergency help for the severely injured until professional medical personnel can take over. It may also include the use of cardiopulmonary resuscitation (CPR) in response to medical emergencies. Additional implementation guidance will be developed by responsible organizations to support this policy, and shall be followed.

2201. BACKGROUND. Management guidelines for provision of medical services and first aid are found in the U.S. Department of Labor, Occupational Safety and Health Administration's (OSHA) standards 29 CFR 1910.151 and 29 CFR 1926.50. First aid programs must correspond to the occupational hazards which can reasonably be expected to occur in the workplace.

2202. SCOPE. This program applies to all FAA personnel. FAA contractors and sub-contractors must comply with the requirements of 29 CFR 1910.151 and 29 CFR 1926.50. These requirements should be emphasized in bid specifications and contract language.

2203. DEFINITIONS.

a. Designated First Aid Responder. An employee with current training in basic first aid measures and basic life support techniques who, as a part of his or her job-related duties which are stipulated in writing (e.g., in the position description or performance plan), will respond to a workplace emergency situation and provide first aid or cardiopulmonary resuscitation (CPR) if necessary. There are two categories of designated responders: those who render assistance on a regular basis such as clinic or dispensary employees, and those who render occasional assistance as a collateral duty. These individuals are covered under the agency bloodborne pathogens (BBP) policy. (See Chapter 17). Collateral duty employees will be designated only after careful consideration by the responsible program office and agreement of the subject employee.

b. Voluntary First Aid Responder. An employee who, in an unanticipated "Good Samaritan" act, assists another employee with an illness or injury. This type of assistance is voluntary and not required as part of an employee's job description. These actions are not considered by OSHA to constitute "occupational exposure" and so are excluded from coverage by the BBP standard. However, FAA will allow a medical consultation based upon current medical protocols for an employee involved in an exposure incident as a result of performing a "Good Samaritan" act in the workplace.

c. Responsible Program Office. Any FAA organization having direct responsibility for the occupational safety and health of its employees. More information regarding occupational safety and health responsibilities may be found in Chapter 1 of Order 3900.19B.

2204. KEY FIRST AID PROGRAM ELEMENTS

a. General Requirements.

(1) Local emergency response systems shall be the primary source of emergency first aid. In areas where accidents resulting in suffocation, severe bleeding, or other life-threatening injury or illness can reasonably be expected, a 3 to 4 minute response time, from time of injury to time of administering first aid, is required. In other circumstances, i.e., where a life-threatening injury is an unlikely outcome of an accident, a 15-minute response time is acceptable.

(a) If employees can be taken to an infirmary, clinic, or hospital, or if outside emergency assistance can arrive within the allotted times, the FAA is not required to train employees in first aid.

(b) In the absence of professional medical care in near proximity to the workplace to be used for the treatment of all injured employees, a person or persons shall be adequately trained to render first aid.

(c) If employees work in rural areas where there is no coverage by a local emergency medical response system (EMRS), the FAA must make provisions for acceptable emergency transportation. This could be any government or privately-owned vehicle (POV) that is available for use in an emergency situation to transport an injured employee to the nearest medical facility.

(2) If the facility or worksite is located where the local emergency medical response system can be utilized, employees of the facility shall be instructed in how to access the system, e.g., by dialing 9-911, to obtain an outside telephone line to summon emergency medical assistance.

(3) Where the eyes or body of any person may be exposed to injurious or corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use.

(4) The FAA may offer classes in CPR to employees. These classes are voluntary and any employees who attend and become certified are not required to perform CPR if a workplace emergency occurs. For designated responders, basic adult CPR retesting should occur every year and first aid knowledge and skills should be reviewed every three years.

b. Equipment.

(1) Guidelines for first aid kit contents shall be obtained from the American National Standards Institute Z308.1, American National Standard, Minimum Requirements for Workplace First Aid Kits. Guidelines for the use of CPR barrier devices and over-the-counter drug products in first aid kits may be found in the Appendix to Z308.1.

(2) The necessity for, and placement of, emergency shower and eyewash stations must be determined by the responsible program office. Refer to ANSI Z358.1, American National Standard for Emergency Eye Wash and Shower Equipment, for additional requirements.

c. Administrative Guidelines.

(1) Health Clinics and associated employee awareness programs will be administered by the Office of Aviation Medicine (AAM). AAM personnel will provide medical evaluations and advice in support of this policy as indicated.

(2) Employee training called for by the requirements of this chapter will be obtained from nationally recognized organizations and training service vendors. Selection of vendors should be guided by requirements identified and prioritized for FAA occupational safety and health training by ANS. The training will be funded and scheduled by the responsible program office. Training records will be maintained by the responsible program office.

(3) The Office of Environment and Energy (AEE) will provide periodic program evaluations.

(4) All incidents resulting in first aid treatment should be reported in the same manner as any other occupational injury or illness as described in Order 3900.19B, Chapter 7.

(5) Current bargaining unit agreements in regard to first aid services will be honored.



U.S. Department
of Transportation
**Federal Aviation
Administration**

Memorandum

subject: **ACTION:** Policy Memo #AEE002-01
Clarification of Order 3900.19B, Chapter 22, First Aid Program

Date: DEC 19 2007

From: Acting Assistant Administrator for Policy,
Planning, and International Aviation, API-1
(Designated Agency Safety and Health Official)

Reply to
Attn. of:

To: Regional Administrators
Airway Facilities Division Managers
Air Traffic Division Managers
Regional Flight Standards Division Managers
Airports Division Managers
Regional Flight Surgeons

This memorandum is provided to clarify various terms and concepts in Chapter 22, First Aid Program, which were obtained from Occupational Safety and Health Administration (OSHA) Standards Interpretation and Compliance Letters. Specifically addressed is paragraph 2204a(1), which states the requirements for emergency first aid response times.

Because the OSHA standard 29 CFR 1910.151, Medical services and first aid, is worded very broadly, we used wording from the OSHA Standards Interpretation and Compliance Letters to add more specificity to our chapter. In addition, we reviewed selected FAA injury and illness data.

We found that it is important to differentiate between work-related injuries and illnesses as opposed to medical emergencies, such as heart attack, that may occur at work. While an ideal first aid program will be designed to address all possible work-related occurrences, the employer is only obligated to evaluate the likelihood of incidents relevant to the hazards to be found in the workplace. That is, the employer must evaluate the potential for injury based on a realistic assessment of work-related hazards and provide for first aid accordingly. The likelihood of injury and related need for first aid and medical services would be less for offices than, for example, steel mills.

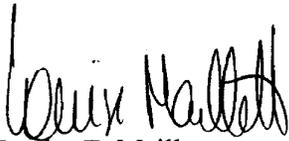
An OSHA Standards Interpretation and Compliance Letter dated February 9, 1994, states that "in areas where accidents resulting in suffocation, severe bleeding, or other life threatening or permanently disabling injury or illness can be expected, a 3 to 4 minute response time, from time of injury to time of administering first aid, is required. In other circumstances, i.e., where a life threatening or permanently disabling injury is an unlikely

outcome of an accident, a longer response time such as 15 minutes is acceptable.” Another Compliance Letter dated April 20, 1993, states that “sufficient response time for medical assistance is to be based on an assessment of workplace hazards and the possible outcomes that could occur.”

OSHA uses the terms “serious physical harm” and “life threatening injury or illness” interchangeably. OSHA defines “serious physical harm” in its Field Operations Manual as an impairment of the body in which part of the body is made functionally useless or substantially reduced in efficiency on or off the job. Examples of injuries which constitute such harm include amputation, concussion, internal crushing, simple or compound fracture, burns or scald, as well as cut, laceration, or puncture involving significant bleeding and/or requiring suturing.

In summary, FAA management, in collaboration with qualified Occupational Safety Health professionals, has the responsibility to evaluate their employees’ working conditions and associated injury and illness records, and to implement appropriate steps to assure the protection of employees from recognized hazards.

Please contact Tom Holloway, Manager, Environment, Energy and Employee Safety Division, AEE-200, at (202) 267-8114, if you have additional questions.



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